

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp RECEIVED 2009 JUL 27 PM 2:00 CITY CLERK CITY OF LODI	CALIFORNIA FORM 460 Page <u>1</u> of <u>3</u> For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>1/1/09</u> through <u>6/30/09</u>	Date of election if applicable: (Month, Day, Year) <u>2009 JUL 27 PM 2:00</u>
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1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
(Also Complete Part 5) | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
(Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7) |

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1288867

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Elect John E. Johnson
ADDRESS (NO P.O. BOX)
106 S. Orange Ave
CITY Lodi STATE CA ZIP CODE 95240 AREA CODE/PHONE 209-369-1451
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER

John E. Johnson
MAILING ADDRESS
106 S. Orange Ave
CITY Lodi STATE CA ZIP CODE 95240 AREA CODE/PHONE 209-369-1451

NAME OF ASSISTANT TREASURER, IF ANY

Heidi Johnson
MAILING ADDRESS
106 S. Orange Ave
CITY Lodi STATE CA ZIP CODE 95240 AREA CODE/PHONE 209-369-1451

OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/27/09 Date
Executed on 7/27/09 Date
Executed on _____ Date
Executed on _____ Date

By [Signature] Signature of Treasurer or Assistant Treasurer
By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
BY _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE- PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

John E. Johnson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Lodi City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

106 S. Orange Ave Lodi CA 95240

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO PO. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

John E. Johnson

Statement covers period

from *1/1/09*

through *6/30/09*

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FORM **460**

Page *3* of *3*

I.D. NUMBER

1288867

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ <i>0</i>	\$ <i>0</i>
2. Loans Received	Schedule B, Line 3	\$ <i>0</i>	\$ <i>0</i>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <i>0</i>	\$ <i>0</i>
4. Nonmonetary Contributions	Schedule C, Line 3	\$ <i>0</i>	\$ <i>0</i>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <i>0</i>	\$ <i>0</i>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ <i>0</i>	\$ <i>0</i>
7. Loans Made	Schedule H, Line 3	\$ <i>0</i>	\$ <i>0</i>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <i>0</i>	\$ <i>0</i>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ <i>0</i>	\$ <i>0</i>
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ <i>0</i>	\$ <i>0</i>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <i>0</i>	\$ <i>0</i>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <i>918.35</i>
13. Cash Receipts	Column A, Line 3 above	\$ <i>0</i>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <i>0</i>
15. Cash Payments	Column A, Line 8 above	\$ <i>0</i>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <i>918.35</i>

If this is a *termination* statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ *0*

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ <i>0</i>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <i>0</i>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.